



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E404945**

CASE # **15-00578**

LOCAL AGENCY
CODING

TOTAL # OF
UNITS

02

OBJECT
STRUCK

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL
RESERVATION

DATE OF COLLISION **03** - **03** - **2015**

TIME (2400) **1447**

COUNTY # **31**

MILES

N ☐ E ☐
S ☐ W ☐

CITY # **0664**

ON (PRIMARY TRAFFIC WAY)

INTERSECTION ☐

NON-INTERSECTION ☒

SR 9 SE

BLOCK NO. ☒

MILE POST **1900**

DISTANCE

500

00

MILES

FEET

N ☐ E ☐
S ☒ W ☐

OF (REFERENCE OR CROSS STREET)

20TH STREET SE

UNIT 01

MOTOR VEHICLE ☒

PEDAL-CYCLE ☐

DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

LAST NAME **DAVIS**

FIRST NAME **SHEREE**

MIDDLE INITIAL **L**

STREET NEW ADDRESS **26818 305TH ST NE**

CITY **ARLINGTON**

ST **WA**

ZIP **982234340**

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE # **DAVISSL131Q5**

STATE **WA**

SEX **F**

D.O.B. **11** - **25** - **1987**

ON DUTY ☐

STATUS

AIRBAG **2**

RESTR. **9**

EJECT **1**

HELMET USE **2**

INJURY CLASS **1**

NATURE OF INJURIES

LICENSE PLATE # **ADU2046**

STATE **WA**

VIN# **1HGCM56397A008250**

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR **2007**

MAKE **HOND**

MODEL **ACD4D**

STYLE **4D**

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

REGISTERED OWNER INFO. **SHEREE DAVIS 26818 305TH ST NE ARLINGTON WA 98223 D: 4257802351**

LIABILITY INSURANCE IN EFFECT ☒

INSURANCE CO & POLICY # **NATIONWIDE PPNM0039201591-2**

VEHICLE LEGALLY STANDING YES ☒ NO ☐

CITATION #

CHARGE

GOVT. VEHICLE YES ☐ NO ☒

VEHICLE NO. 1
SHADE IN DAMAGED AREA

UNIT 02

MOTOR VEHICLE ☒

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET
YES ☐ NO ☒

PHONE **D: 3607932333**

LAST NAME **BERRY**

FIRST NAME **LUCAS**

MIDDLE INITIAL **D**

STREET NEW ADDRESS **18210 CEDAR PONDS RD**

CITY **MONROE**

ST **WA**

ZIP **982720000**

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE # **BERRYLD215MD**

STATE **WA**

SEX **M**

D.O.B. **07** - **04** - **1979**

ON DUTY ☐

STATUS

AIRBAG **1**

RESTR. **9**

EJECT **1**

HELMET USE **2**

INJURY CLASS **1**

NATURE OF INJURIES

LICENSE PLATE # **C49080A**

STATE **WA**

VIN# **JT4VN13D7L0015661**

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR **1990**

MAKE **TOYT**

MODEL **PU**

STYLE **PC**

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

REGISTERED OWNER INFO. **LUCAS BERRY 18210 CEDAR PONDS RD MONROE WA 98272**

LIABILITY INSURANCE IN EFFECT ☒

INSURANCE CO & POLICY # **ESURANCE PAWA-004083214**

VEHICLE LEGALLY STANDING YES ☒ NO ☐

CITATION #

CHARGE

GOVT. VEHICLE YES ☐ NO ☒

VEHICLE NO. 2
SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT) **W. AUKERMAN**

BADGE OR ID # **72**

AGENCY **WA0311900**

PART A 3000-345-159 R (7/06)

PAGE 01 OF 3



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E404945

CASE #

15-00578

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

PASSENGER ☐ WITNESS ☐ UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

PASSENGER ☐ WITNESS ☐ UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

PASSENGER ☐ WITNESS ☐ UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

On 03/30/2015 at about 1448 hours (all times approximate) I was dispatched by police radio to a two vehicle non-blocking/non-injury collision in the 1900 block of SR 9 SE in the city of Lake Stevens. Arriving on scene I spoke with both drivers. There were no passengers in the vehicles involved. Based on evidence and statements at the scene, it is found that U2 had stopped for backed up traffic on southbound SR 9 due to the traffic light at the intersection of 20th Street SE. U1 did not observe the brake lights on U2, or noticed that U2 was stopping, and rear ended the back of U2. U1 sustained reportable damage. U2 did not sustain reportable damage. Neither driver claimed any injury at the scene as a result of the collision. Both vehicles were driven from the scene. Digital images were taken of the scene and both vehicles.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

03-03-15 03:53 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

3/4/2015 5:33:08 AM

BADGE OR ID #

72

ORI #

WA0311900

TIME POLICE DISPATCHED

2:48 PM

TIME POLICE ARRIVED

2:51 PM

PART B

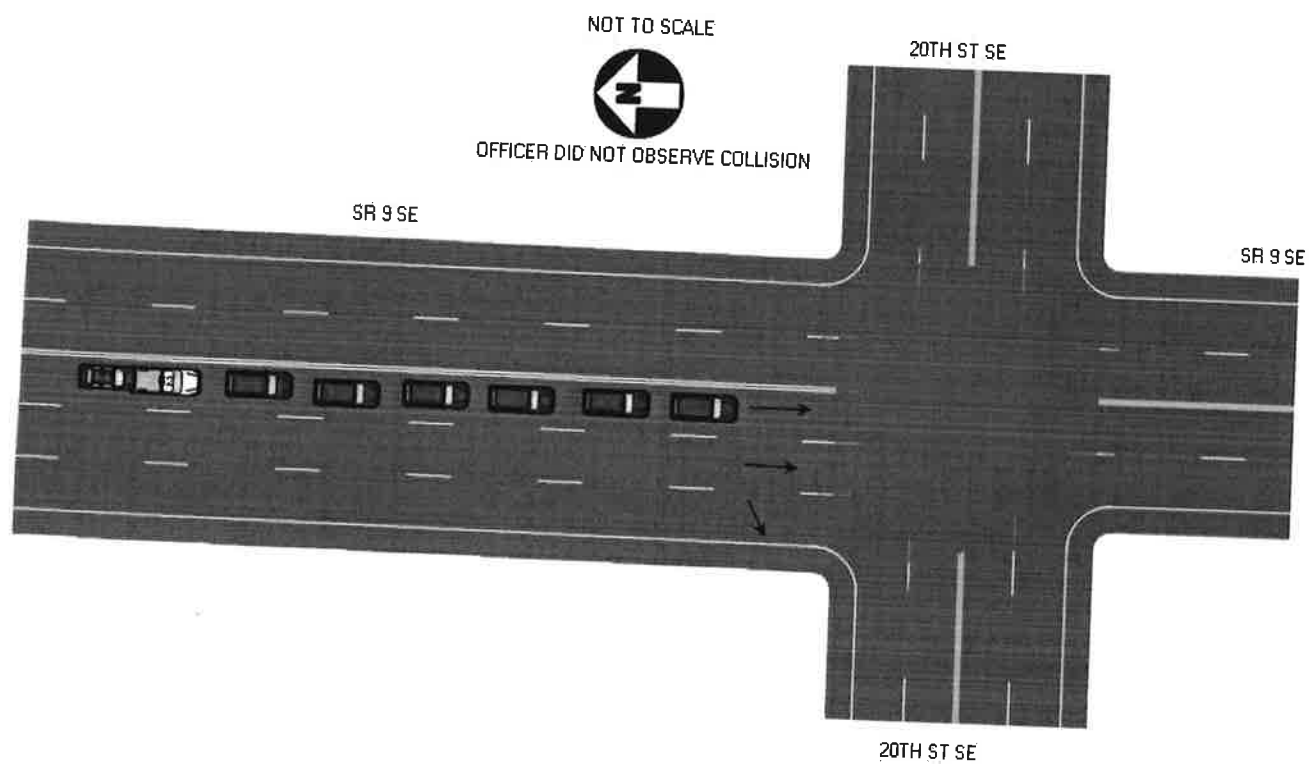
3000-345-160 R (7/06)

PAGE

2

OF

3



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-00578

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Berry Lucas Duane	RACE	ETH	SEX M	DOB 7-4-79	AGE 35	HGT 5'10	WGT 170	HAIR Blond	EYES Blue
STREET ADDRESS 18210 Cedar ponds rd		CITY monroe			STATE Wa	ZIP 98272		RES. STATUS		
HOME PHONE 360 793 2332		CELL PHONE 425 487 2884			PLACE OF EMPLOYMENT Alpine roof Care					
WORK PHONE 425 487 2884		EMAIL ADDRESS brrycul@aol.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Stopped at light was hit from behind

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 3-3-15	LOCATION SIGNED Hwy 9
OFFICER/NUMBER: Auerman #72	DATE SIGNED 3/3/15	LOCATION SIGNED LAKE STEVENS, WA

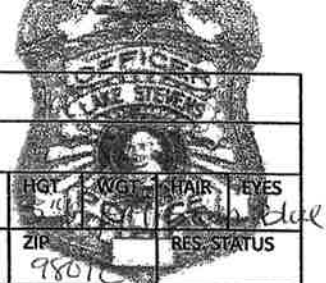
"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 15-00578



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Davis Sherice L.</u>	RACE <u>W</u>	ETH	SEX <u>F</u>	DOB <u>11-23-87</u>	AGE <u>27</u>	HGT <u>5'4"</u>	WGT <u>125</u>	HAIR <u>Blk</u>	EYES <u>Blue</u>
STREET ADDRESS <u>26818 305th St NE</u>					CITY <u>Bellevue</u>		STATE <u>WA</u>		ZIP <u>98016</u>	
HOME PHONE <u>(206) 481-9242</u>				CELL PHONE <u>(206) 780-2351</u>			PLACE OF EMPLOYMENT <u>Marysville Care Center</u>			
WORK PHONE				EMAIL ADDRESS						

I, Sherice Davis, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED <u>3/3/15</u>	LOCATION SIGNED
OFFICER/NUMBER: <u>Aukerman #72</u>	DATE SIGNED <u>3/3/15</u>	LOCATION SIGNED <u>LAKE STEVENS, WA</u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number <i>AUERMAN #72</i>			Case Number <i>15-0578</i>		
Type of Crime: Felony / Misdemeanor (Circle)			Type of Case: <i>COLLISION</i>			Date/Time: <i>3/3/2015</i>		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkng will be held for 60 days or 60 days past owner notification					
Item # <i>1</i>	Item <i>CD-RW</i>				Brand Name <i>COMMERCIAL</i>		Storage Location	Disposition
Action # <i>3</i>	Brand/Model/Caliber				(Further Description)			
	Serial #		Where Found <i>1900 SR 9 SE LKS</i>		Weight of Narcotic			
Owner's Name			Address		City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions <i>Pics</i>								Barcode goes here
Item #	Item				Brand Name		Storage Location	Disposition
Action #	Brand/Model/Caliber				(Further Description)			
	Serial #		Where Found		Weight of Narcotic			
Owner's Name			Address		City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions								Barcode goes here
Item #	Item				Brand Name		Storage Location	Disposition
Action #	Brand/Model/Caliber				(Further Description)			
	Serial #		Where Found		Weight of Narcotic			
Owner's Name			Address		City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions								Barcode goes here
Item #	Item				Brand Name		Storage Location	Disposition
Action #	Brand/Model/Caliber				(Further Description)			
	Serial #		Where Found		Weight of Narcotic			
Owner's Name			Address		City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions								Barcode goes here
Item #	Item				Brand Name		Storage Location	Disposition
Action #	Brand/Model/Caliber				(Further Description)			
	Serial #		Where Found		Weight of Narcotic			
Owner's Name			Address		City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions								Barcode goes here
Item #	Item				Brand Name		Storage Location	Disposition
Action #	Brand/Model/Caliber				(Further Description)			
	Serial #		Where Found		Weight of Narcotic			
Owner's Name			Address		City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions								Barcode goes here

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING:
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

EXCHANGE OF INFORMATION

OFFICER NAME: **W. AUKERMAN #72**

COLLISION: **03/03/15 02:47 PM**

CASE#: **15-00578**

AGENCY: **LAKE STEVENS PD**

DISPATCH: **03/03/15 02:48 PM**

LOCATION: **SR 9 SE BN:1900**

NARRATIVE/ NOTES:

ARRIVAL: **03/03/15 02:51 PM**

AT 20TH STREET SE

UNIT 1:	MOTOR VEHICLE -	2007 ACD4D PLATE: ADU2046 (WA)	TOWED BY:
DRIVER: SHEREE L DAVIS		VEH OWNER: SHEREE L DAVIS	
ADDRESS: 26818 305TH ST NE ARLINGTON, WA 982234340		ADDRESS: 26818 305TH ST NE ARLINGTON, WA 98223	
DL #: DAVISSL131Q5		STATE: WA	
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: NATIONWIDE		INSURED BY: NATIONWIDE	
POLICY #: PPNM0039201591-2		POLICY #: PPNM0039201591-2	
UNIT 2:	MOTOR VEHICLE -	1990 PU PLATE: C49080A (WA)	TOWED BY:
DRIVER: LUCAS D BERRY		VEH OWNER: LUCAS D BERRY	
ADDRESS: 18210 CEDAR PONDS RD MONROE, WA 982720000		ADDRESS: 18210 CEDAR PONDS RD MONROE, WA 98272	
DL #: BERRYLD215MD		STATE: WA	
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: ESURANCE		INSURED BY: ESURANCE	
POLICY #: PAWA-004083214		POLICY #: PAWA-004083214	

/1448	(SP0285)	ENTRY		, CC, NON INJ, NON BLKING, MAR HONDA CIV VS SIL T
/1448	(SP0168)	DISPER	19D3	K #SS75 CHRISTENSEN, OFCR (CHAD)
/1448		ASSTER	19D2	[20 ST SE/SR 9 SE , LKS] #SS72 AUKERMAN, OFFICER (WAYNE)
/1451		ONSCNE	19D2	
/1454		CLEAR	19D3	
/1456	(SS72)	*ONSCNE	19D2	
/1456		REMINQ	19D2	MDTWANT, BERRY, LUCAS, D, 070479, , , WA, , , , , , , , , , ,
/1456		REMINQ	19D2	MDTWANT, DAVIS, SHEREE, L, 112587, , , WA, , , , , , , , , , ,
/1456		*ASNCAS	19D2	\$SS15000578
/1512	(SP0377)	CLEAR	19D2	D/H
/1512		CLOSE	19D2	